

INFORMATION SUMMARY PAGE

Office: Disease Prevention & Health Promotion
Nebraska Department of Health & Human Services

Program: Organ & Tissue Donor Awareness and Education Program

Contact Person: Mary Weatherfield, 402/471-0925

Funding Source: Authorized under Legislative Bill 147

Project Period: Funding period will run one year, July 1, 2006-June 30, 2007 with a one year renewal based on availability of funds and satisfactory performance of project.

Services to be Delivered: Provide statewide education and public awareness to Nebraskans on the increased need for organ and tissue donation.

Services Delivery Area: The entire state of Nebraska is targeted.

Funding Purpose: Educate all Nebraskans on the benefit of organ and tissue donation.

Reporting Requirements: Narrative progress report, evaluation summaries, and budget reports will be due within 30 days of the completion of each quarter. The first report will be due on November 4, 2006.

Description of Eligible Applicants: Any agency or organization that can meet the goals outlined in the Request for Proposal.

Letter of Intent to submit a proposal is required and must be received by mail or FAX by 12:00 noon, CDT, April 17, 2006. FAX Number: (402) 471-6446.

Application Due Date: All proposals must be received in the Office of Disease Prevention & Health Promotion, at the address listed below, by 5:00 p.m. CDT, Monday, May 1, 2006.

Mary Weatherfield
Nebraska Health & Human Services
301 Centennial Mall South
PO Box 95044
Lincoln, NE 68509

Anticipated Date of Preliminary Award Notice: June 19, 2006

Description of Review Criteria and Point Allocation: Each proposal will be reviewed and a point value assigned based on the ability of the service provider to meet the goals set out in the proposal, planned activities, budget and budget justification, and agency qualification.

Description of Review Process: All applications will be subject to a technical review to assure that all required documentation has been included. Applications successfully clearing the technical review will receive a comprehensive evaluation conducted by internal reviewers.

All proposals may be rejected and the final funding decisions will be made by the Director of Health & Human Services, Regulation and Licensure.

INTRODUCTION and FUNDING PRIORITIES

Legislative Bill 147 was implemented on January 1, 2000. The purpose of this Act is to provide Nebraskans the opportunity to voluntarily donate \$1.00 at the time they obtain or renew their driver's license. These funds shall then be used to educate all Nebraskans on the benefit of organ and tissue donations.

AVAILABILITY OF FUNDS

Depending on funding availability, approximately \$ 80,000 is available for fiscal year (FY) 2006-2007. One or more awards will be granted for the funding period of July 1, 2006-June 30, 2007. Continuation of funding with the project period will be on the basis of satisfactory progress, timely completion and submission of required reports, documentation, and availability of funds.

USE OF FUNDS

Funds may be used to include the development, production, distribution, and evaluation of the campaign. Funds may also be used for television and radio ads, and printed materials. Materials and other awareness campaign efforts should also be made available in languages other than English.

REIMBURSEMENTS

Funded organizations will be reimbursed on a quarterly basis upon receipt and approval of all required reports. Only approved expenses that reflect actual quarterly activities will be reimbursed.

REPORTING REQUIREMENTS

Funded organizations will be required to submit quarterly budget reports.

FISCAL YEAR 4 - July 1, 2006-June 30, 2007

1st Quarter – Report due November 4, 2006

2nd Quarter – Report due February 3, 2007

3rd Quarter – Report due May 5, 2007

4th Quarter – Year-End Report due August 4, 2007

If your agency is unable to submit the required report(s) by the due date, you may request a deadline extension. All extension requests must be written (letter or e-mail) and must be approved by Nancy Borchers or her supervisor. Extension requests will be reviewed on an individual basis.

The Review Process will consist of:

1. Distribution Plan: 35 points
2. Planned Activities: 20 points
3. Budget and Budget justification: 15 points
4. Agency Qualifications/Portfolios: 30 points

APPLICATION FORMS

It is a top priority that the application process, including the review phase, is equitable to all applicants. With this goal in mind, a required standardized format was developed for all applications under this RFP. Proposals **must** be written utilizing this format. Applicants may photocopy the forms if more room is needed. Detailed instructions for completing each form can be found in the section titled, "Proposal Instructions". Proposals will not be accepted if they are not written and submitted on the required forms.

PROPOSAL DEADLINE

An original and three (3) copies of the proposal must be **received** in the Nebraska Department of Health & Human Services (address listed below) no later than 5:00 p.m. CDT, Monday, May 1, 2006. All copies of the proposal, including attachments, become the property of the Nebraska Health and Human Services System upon receipt and will not be returned to the applicant. Late proposals will NOT be considered for funding. Completed proposals should be mailed or delivered to:

**Mary Weatherfield
Nebraska Health and Human Services
Disease Prevention & Health Promotion
301 Centennial Mall South – Third Floor
PO Box 95044
Lincoln, NE 68509-5044**

TECHNICAL ASSISTANCE

All questions must be received in writing with the Letter of Intent on or before April 17, 2005. Questions will be compiled, responses developed, and sent to all applicants submitting Letters of Intent by April 28, 2006. No questions will be answered by telephone or e-mail.

PROPOSAL INSTRUCTIONS

All applicants must use the following format in describing the proposed project. Blank forms have been provided to assist with this process. Adherence to this format will help assure that all required elements are included in the proposal and will greatly assist in the review of your proposal.

Proposals should be typed (or printed), single-spaced, in 12-point typeface, using the provided forms. Staple all copies in the upper, left-hand corner.

PROPOSAL FORMAT

I. Checklist (FORM A)

Complete all sections of the Checklist to assure that all required documentation has been included in your application. The Checklist is provided primarily to assist you in completing your proposal, but should also be included as part of the proposal. All items listed are required documents and must be included in the proposal.

II. COVER SHEET (FORM B)

Complete all sections of the Cover Sheet.

- **Project/Title** – What is the title of the proposed project?
- **Applicant/Organization** – Provide the name of the agency sponsoring the proposal. If the project involves a multi-agency collaboration, one agency must be designated as the lead agency. This agency will serve as the fiscal agent and will be responsible for all reporting requirements.
- **Federal Tax Identification Number** – The Federal Tax Identification number of the lead agency for the proposed project.
- **Signature of Authorized Official** – The individual identified above as the “Authorized Official” must be the chief operating officer or the chair of the board that controls the activity of the proposing agency. This person must sign and date the cover sheet.
- **Project Director** – This is the person **directly** responsible for the oversight of the proposed project. This individual will serve as the liaison between the HHSS and the other project staff and will be responsible for the completion and submission of all required documentation.
- **Financial Officer** – This is the person **directly** responsible for the oversight of the proposed budget.
- **Total Funds Requested** – This sum is the total amount requested for the proposed project.

III. Organization Description (FORM C)

The information request pertains to the organization(s) that will be responsible for implementing the proposed projects. Complete all sections using the space provided. Describe the organization(s) proposing the projects. Include a brief history of the organization and a description of the scope of activities and organizational size. Why is this organization a good choice? What qualifications does project staff have to implement the project?

IV. Project Work Plan

Provide a brief summary of the proposed project. Include a description of the overall goals and objectives, types of interventions to be implemented, who will complete the tasks, give a specific time frame when the objective will be completed, list materials, list how you are going to measure the effectiveness of the activities, and include a summary of how you plan to monitor and evaluate this project. The plan should include a description of how information will be distributed in other languages. List any other agencies and/or programs that will collaborate in the implementation of this project.

V. Budget

The budget should include all costs associated with the project for the period of July 1, 2006 – June 30, 2007. Budgeted items may include: Development, Printing, and Distribution of the Materials, and Appropriate Administration Costs.

VI. Budget Justification – Applicants must provide a justification for the proposed budget in detail noting how estimated expenditures will support the work plan and program goals. **Applications lacking specificity will impact their approval.**

REVIEW PROCESS

All proposals will be subject to an internal review, assuring all required documentation has been included. The areas of review will include the purpose of the project, the organizational description, target population, measurement and evaluation plans, and budget/budget justification. For additional information regarding the review criteria, a sample Review Sheet is attached.

An overall point score will be awarded to each proposal based on the merits of the proposed work plan, targeted population, and previous performance history (if applicable).

CHECKLIST

We recommend that you review for accuracy the items listed below to assure that **all requirements have been met**. This will assist in the expeditious processing of your proposal. Please return this form with three (3) copies of the application required. The following order is suggested for submitting your proposal. All forms listed below are mandatory and must be completed in full.

Application Content

- _____ Checklist (FORM A)
- _____ Cover Sheet (FORM B)
- _____ Organization Description (FORM C)
- _____ Project Work Plan
- _____ Budget
- _____ Budget Justification

FORM B

**COVER SHEET FOR THE
ORGAN AND TISSUE DONOR EDUCATION AWARENESS FUND**

Project Title: _____

Applicant: _____ Organization: _____

Federal Tax Identification Number: _____

Address: _____

City/Zip Code: _____

Phone Number: _____ Fax Number: _____

By submitting and signing this proposal, the applicant agrees that if a grant is awarded, it will operate the program as described in the Proposal for funding in accordance with these Terms and Assurances.

Signature of authorizing official: _____

Title: _____

Project Director:

Name: _____

Title: _____

Address: _____

City/Zip: _____

Phone: _____

FAX: _____

E-Mail: _____

Financial Officer:

Name: _____

Title: _____

Address: _____

City/Zip: _____

Phone: _____

FAX: _____

E-Mail: _____

If this is a collaborative effort, please list other participating organization(s): _____

Total Amount Requested: _____

ORGANIZATION DESCRIPTION

The following questions pertain to the organization(s) that will be responsible for implementing the proposed project. Using the space provided please answer all questions.

- A. Describe the organization(s) proposing the planned projects. Include a brief history of the organization, a description of its scope of current activities, and organizational size.**
- B. Briefly describe organization's capacity to implement the project, including present and past activities with the target population.**
- C. Include a listing of all project staff and a brief description of their qualifications as they pertain to the implementations of the proposed projects.**

**PROPOSAL REVIEW CRITERIA FOR AWARDING FUNDS FOR THE
ORGAN AND TISSUE DONOR EDUCATION AWARENESS FUND
FISCAL YEAR 2006-2007**

APPLICANT: _____
PROPOSAL NO: _____ **REVIEWER CODE:** _____
DATE: ____/____/____

Areas of Review Awarded	Max Pts.	Comments	Pts.
1. Agency Qualifications/Portfolios	30		
The organization description shows historical and current involvement in community related activities			
There is documentation of current or past experience with the proposed target population			
The organization documents their capacity to carry out the proposed project including project staff, base resources, and past or current activities			
2. Distribution Plan	35		
Estimated numbers of population to be reached are included			
The target population is described			
The gaps/barriers to the target population are described			
Methods to overcome gaps/barriers are described			
3. Workplan/Planned Activities	20		
The targeted outcome is identified achievable and measurable			
All primary activities are identified and relate to accomplishment of the outcome			

Each activity described number of target population to be reached, staff responsible, and reasonable target dates for completion
Data to be collected is identified along with specific plan to measure completion of activities

Tools and methods to measure progress toward change are described and appropriate

The plan is culturally appropriate, linguistically specific and fits community norms and values

4. Budget and Budget Justification

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An itemized budget and budget narrative that supports the need for each budget line item is included